DAuco-01-A

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

| DECLARATION FOR | LITH ITY OD | | | | |
|--|---|---|--|--|--|
| DESIGN | O IILII I OK | First Named Invento | r Aucoin | | |
| PATENT APPLICATION | | COMPLI | | | |
| (37 CFR 1.6 | | Application Number | | | |
| | | Filing Date | 12/28/2 | 001 | |
| Submitted OR | Declaration Submitted after Initial Filing (surcharge | Art Unit | , , , , , | | |
| Filing | (37 CFR 1.16 (e)) required) | Examiner Name | | | |
| As the below named inventor, I hereb | y declare that: | | · · · · · · · · · · · · · · · · · · · | | |
| My residence, mailing address, and citiz | enship are as stated belov | v next to my name. | | | |
| I believe I am the original and first inven- | tor of the subject matter wh | nich is claimed and for whi | ch a patent is sough | t on the invention entitled: | |
| A Water Excluding Valve | Assembly For A D | oiving Snorkel | | | |
| | (Title of the In | vention) | | | |
| the specification of which | | | | | |
| is attached hereto | | | | | |
| OR | | | | | |
| was filed on (MM/DD/YYYY) | | as United States A | application Number | or PCT International | |
| | | | | | |
| Application Number | and was amende | ed on (MM/DD/YYYY) | , | (if applicable). | |
| was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT | | | | | |
| international filing date of the continuation. I hereby claim foreign priority benefits unbreeder's rights certificate(s), or 365(a) States of America, listed below and har breeder's rights certificate(s), or any Piclaimed. | inder 35 U.S.C. 119(a)-(d) of any PCT international ve also identified below, b | application which designate checking the box. any f | ited at least one co preion application f | ountry other than the Unite or patent, inventor's or plar | |
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached | |
| 113,1131 | | , | | | |
| Additional foreign application num | bers are listed on a supple | emental priority data sheet | PTO/SB/02B attach | ned hereto: | |

[Page 1 of 2]

DECLARATION — Utility or Design Patent Application

| Direct all correspondence to: Customer Number or Bar Code La | • | | OR 🗸 Corr | respondence address below | |
|---|---------------------------|-------------------------------------|-------------------------|---------------------------|--|
| Dr. Sharon H. Roddan, Esq. | | | | | |
| Name | | | | | |
| 228 Monarch Bay | | | | | |
| Monarch Beach | | | CA | 92629 | |
| City | | State | | ZIP | |
| USA Country To | (949) elephone | 499 2 | 700 | (949) 499 1576 Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | A petition h | as beei | n filed for this unsign | ned inventor | |
| Given Name Douglas M. (first and middle [if any]) | | Aucoin Family Name or Surname | | | |
| Inventor's Bugfor auon Date 12/6/01 | | | | | |
| Monrovia | CA | | USA | US | |
| Residence: City | State | | Country | Citizenship | |
| Mailing Address 401 E. Foothill Blvd. せ(の | | | | | |
| Monrovia | CA | | 91016 | USA | |
| City | State | | ZIP | Country | |
| NAME OF SECOND INVENTOR: | A petition ha | s been | filed for this unsigne | ed inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | | |
| Inventor's Signature | | | | Date | |
| | | | | | |
| Residence: City | State | | Country | Citizenship | |
| Mailing Address | | | | | |
| City | Ctata | | ZIP | Country | |
| City Additional inventors are being named on the | State supplemental Additi | onal Inve | <u> </u> | | |
| Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | |

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | | • |
|------------------------|-------------------------|---|
| Filing Date | 12/28/2001 | |
| First Named Inventor | Aucoin | |
| Title | A Water Excluding Valve | |
| Group Art Unit | | |
| Examiner Name | | _ |
| Attorney Docket Number | DAuco-01-A | _ |

| Practitioners at Customer Number OR Practitioner(s) named below: Name | I horoby oppoint: | | | | | |
|--|--|---|-------------------|--|--|--|
| Name Registration Number Dr. Sharon H. Roddan, Esq. USPTO # 43,053 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Pleace Customer Number. Place Customer Number Bar Code Label here X Firm or Individual Name Law Offices of Dr. Sharon H. Roddan Address City Monarch Beach State CA Zip 92629 Country USA Telephone (949) 499 2700 Fax (949) 499 1576 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Pouglas M. Aucoin Signature Roter of a selpinees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Practitioners at Customer Number OR Number Bar Code Label here | | | | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Address Law Offices of Dr. Sharon H. Roddan Address City Monarch Bay Address City Monarch Beach State CA Zip 92629 Country USA Telephone (949) 499 2700 Fax (949) 499 1576 I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Date 1007E: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below'. | | | Registra | tion Number | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Implication to: Place Customer Number Bar Code Label here Address 228 Monarch Bay Address City Monarch Beach State CA Zip 92629 Country USA Telephone (949) 499 2700 Fax (949) 499 1576 I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Roughout Auson Date 1/2 6 0 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below'. | | | | | | |
| business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address Law Offices of Dr. Sharon H. Roddan Address City Monarch Beach State CA Zip 92629 Country USA Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Date 1/2 6 0 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | ************************************** | | | | |
| business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address Law Offices of Dr. Sharon H. Roddan Address City Monarch Beach State CA Zip 92629 Country USA Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Date 1/2 6 0 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | ······································ | | |
| business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address Law Offices of Dr. Sharon H. Roddan Address City Monarch Beach State CA Zip 92629 Country USA Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Date 1/2 6 0 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | |
| business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address Law Offices of Dr. Sharon H. Roddan Address City Monarch Beach State CA Zip 92629 Country USA Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Date 1/2 6 0 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | |
| Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Place Customer Number Bar Code Label here Number Bar Code Label here Law Offices of Dr. Sharon H. Roddan Address 228 Monarch Bay Address City Monarch Beach State CA Zip 92629 Country USA Telephone (949) 499 2700 Fax (949) 499 1576 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Region Aucoin Signature Region Aucoin NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | |
| The above-mentioned Customer Number. OR Practitioners at Customer Number Place Customer Number Bar Code Label here Individual Name Address Law Offices of Dr. Sharon H. Roddan Address City Monarch Bay Address City Monarch Beach State CA Zip 92629 Country USA Telephone (949) 499 2700 Fax (949) 499 1576 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Date /2 6 0 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | business in the United S | States Patent and Trademark Office con | nected therewit | h. | | |
| Practitioners at Customer Number Practitioners at Customer Number Practitioners at Customer Number Practitioners | Please change the corre | espondence address for the above-identi | ified application | to: | | |
| Practitioners at Customer Number OR X Firm or Individual Name Law Offices of Dr. Sharon H. Roddan | | ed Customer Number, | <u></u> | | | |
| Address 228 Monarch Bay Address City Monarch Beach State CA Zip 92629 Country USA Telephone (949) 499 2700 Fax (949) 499 1576 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Pouglar Aucoin Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | 1 - | | | |
| Address 228 Monarch Bay Address 228 Monarch Bay Address City Monarch Beach State CA Zip 92629 Country USA Telephone (949) 499 2700 Fax (949) 499 1576 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Date 12 6 0 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | stomer Number | | | | |
| Address 228 Monarch Bay Address City Monarch Beach State CA Zip 92629 Country USA Telephone (949) 499 2700 Fax (949) 499 1576 I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Pouglar aucoi Date 12 6 0 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | |
| City Monarch Beach State CA Zip 92629 Country USA Telephone (949) 499 2700 Fax (949) 499 1576 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Record Aucoin NoTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Y 1 | Law Offices of Dr. Sharon H. Roddan | | | | |
| City Monarch Beach State CA Zip 92629 Country USA Telephone (949) 499 2700 Fax (949) 499 1576 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Pouglar auxi Date /2 6 o / NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Address | 228 Monarch Bay | | | | |
| Country USA Telephone (949) 499 2700 Fax (949) 499 1576 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Date /2 6 0 / NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Address | | | | | |
| Telephone (949) 499 2700 Fax (949) 499 1576 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Date /2 6 0 / NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | City | Monarch Beach | State CA | Zip 92629 | | |
| I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Date 12 6 0 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Country | USA | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Date 12 6 0 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Telephone | (949) 499 2700 | Fax (949) 49 | 9 1576 | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Date 12 6 0 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | I am the: | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Date 12 6 0 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Parameter 1 | | | | | |
| SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Polyber Character Date 12 6 0 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | E. Diphochanitonol. | | | | | |
| SIGNATURE of Applicant or Assignee of Record Name Douglas M. Aucoin Signature Pouglar aucov Date 12 6 0 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | |
| Name Douglas M. Aucoin Signature Date Date D | Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| Signature Date 12 6 0 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | SIGNATURE of Applicant or Assignee of Record | | | | | |
| Date /2 6 0 / NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Name Doug | las M. Aucoin | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Signature Rusker aurori | | | | | |
| forms if more than one signature is required, see below*. | Date 12601 | | | | | |
| | NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | |
| | | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.